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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2010</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		D Employer identification number	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Kansas City University of Medicine and Biosciences Doing Business As Number and street (or P O box if mail is not delivered to street address) 1750 Independence Avenue Room/suite City or town, state or country, and ZIP + 4 Kansas City, MO 64106		44-0545280
			E Telephone number (816) 283-2000
			G Gross receipts \$ 76,912,837
F Name and address of principal officer HOWARD D WEAVER DO 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.KCUMB.EDU			

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1916	M State of legal domicile MO
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Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities KCUMB IS A COMMUNITY OF PROFESSIONALS COMMITTED TO EXCELLENCE IN THE EDUCATION OF HIGHLY QUALIFIED STUDENTS IN OSTEOPATHIC MEDICINE, THE BIOSCIENCES, BIOETHICS AND HEALTH PROFESSIONS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	552
	6 Total number of volunteers (estimate if necessary)	6	17
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	574,275	1,146,557
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,529,325	44,842,209
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,779,027	2,731,280
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,128,516	929,649
		51,011,143	49,649,695
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,423,285	1,655,072
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	24,255,824	21,782,988
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>1,853,630</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	18,695,322	17,223,356
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	44,374,431	40,661,416
	19 Revenue less expenses Subtract line 18 from line 12	6,636,712	8,988,279
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		136,196,375	163,180,753
21 Total liabilities (Part X, line 26)		17,264,434	28,148,342
22 Net assets or fund balances Subtract line 21 from line 20		118,931,941	135,032,411

Part II	Signature Block
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer			2012-05-15 Date	
	HOWARD D WEAVER DO PRESIDENT & TRUSTEE Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Michael J Engle		Preparer's signature Michael J Engle		Date
	Check if self-employed <input checked="" type="checkbox"/>				PTIN
	Firm's name ▶ BKD LLP				Firm's EIN ▶
	Firm's address ▶ 1201 Walnut Suite 1700 Kansas City, MO 641062246				Phone no ▶ (816) 221-6300

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

SEE SCHEDULE O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 25,723,731 including grants of \$ 1,217,530) (Revenue \$ 42,303,705)

THE UNIVERSITY EDUCATES DOCTORS OF OSTEOPATHIC MEDICINE OUR FOUR YEAR INTEGRATED CURRICULUM EMPHASIZES BOTH THE BASIC SCIENCES AND CLINICAL SKILLS THE ACADEMIC PROGRAMS OFFERED ARE TAUGHT BY HIGHLY QUALIFIED FACULTY 98% OF FACULTY HAS D O , M D OR PH D DEGREES THE UNIVERSITY AWARDS APPROXIMATELY 250 D O DEGREES EACH YEAR

4b

(Code) (Expenses \$ 1,053,380 including grants of \$ 13,161) (Revenue \$ 1,538,908)

THE UNIVERSITY'S GRADUATE SCHOOL OFFERS MASTER'S LEVEL DEGREES IN BIOMEDICAL SCIENCES AND BIOETHICS THE BIOMEDICAL SCIENCES PROGRAM INCLUDES BOTH A ONE YEAR DEGREE PROGRAM AND A TWO-YEAR DEGREE PROGRAM (RESEARCH TRACK) KCUMB IS THE ONLY UNIVERSITY IN THE REGION TO OFFER A GRADUATE -LEVEL DEGREE IN BIOETHICS APPROXIMATELY 60 GRADUATE DEGREES ARE AWARDED EACH YEAR

4c

(Code) (Expenses \$ 3,731,849 including grants of \$ 424,381) (Revenue \$ 1,923,995)

THE UNIVERSITY HAS A STRONG COMMITMENT TO COMMUNITY SERVICE AND SOCIAL RESPONSIBILITY THE UNIVERSITY PROVIDES SERVICES WHICH PROMOTES EDUCATION AND HEALTH IMPROVEMENT IN TARGETED AREAS THIS ENDEAVOR IS ACCOMPLISHED BY THREE INITIATIVES - i) CLINICAL PRACTICE AT PHYSCIANS ASSOCIATES, ii) RESEARCH IN AREAS SUPPORTING THE MISSION OF THE UNIVERSITY, AND iii) SCORE 1 FOR HEALTH

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e




















Total program service expenses

\$ 30,508,960

Form 990 (2010)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> 	13	Yes
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i> 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? <i>If "Yes," complete Schedule F, Parts II and IV.</i> 	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? <i>If "Yes," complete Schedule F, Parts III and IV.</i> 	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	Yes	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	224
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	552
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country: VI, CJ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a18		
b	Enter the number of voting members included in line 1a, above, who are independent	1b17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filedMO
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. JOSEPH MASSMAN 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106 (816) 654-7106

Check if Schedule O contains a response to any question in this Part VII ☒

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								5,089,581	0	561,907

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶42

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

YesNo

3Yes

4Yes

5No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
BERKOWITZ OLIVER WILLIAMS SHAW	LEGAL SERVICES	938,428
STRAUB CONSTRUCTION CO	PROFESSIONAL FEE	5,950,966
HELZBERG SCHOOL OF MANAGEMENT	PROFESSIONAL FEE	773,250
POLSINELLI SHUGHART PC	LEGAL SERVICES	3,675,139
LOCKTON COMPANIES	INSURANCE	686,929

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶28

Form 990 (2010)

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	111,840				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,034,717				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		1,146,557				
	Program Service Revenue			Business Code				
2a		Net Patient Revenue	621110	1,673,846	1,673,846			
b		Student Fees & Revenue	611600	43,117,995	43,117,995			
c		STUDENT LOAN INTEREST	611600	50,368	50,368			
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		44,842,209				
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)					
				1,277,526			1,277,526	
	4	Income from investment of tax-exempt bond proceeds . .		0				
	5	Royalties		0				
	6a			(i) Real	(ii) Personal			
				5,250				
		b Less rental expenses		0				
		c Rental income or (loss)		5,250				
	d	Net rental income or (loss)		5,250			5,250	
	7a			(i) Securities	(ii) Other			
				28,684,523	32,373			
		b Less cost or other basis and sales expenses		27,240,126	23,016			
		c Gain or (loss)		1,444,397	9,357			
	d	Net gain or (loss)		1,453,754			1,453,754	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		a						
		b Less direct expenses						
	c	Net income or (loss) from fundraising events . .		0				
	9a	Gross income from gaming activities See Part IV, line 19 . .						
		b Less direct expenses						
c Net income or (loss) from gaming activities . .		0						
10a	Gross sales of inventory, less returns and allowances . .							
	a							
	b Less cost of goods sold							
c	Net income or (loss) from sales of inventory . .		0					
Miscellaneous Revenue		Business Code						
11a	Cafeteria & Vending		611710	187,207	187,207			
	b MISCELLANEOUS SCHOOL INCOME		611710	487,043	487,043			
	c Drug Study		900099	209,649	209,649			
	d All other revenue			40,500	40,500			
	e Total. Add lines 11a-11d			924,399				
12	Total revenue. See Instructions			49,649,695	45,766,608	0	2,736,530	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	424,381	424,381		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	1,230,691	1,230,691		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,075,564	640,138	1,267,056	168,370
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	16,216,312	13,797,924	1,717,693	700,695
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	815,939	675,064	19,141	121,734
9	Other employee benefits	1,495,633	1,318,197	81,643	95,793
10	Payroll taxes	1,179,540	972,151	145,585	61,804
a	Fees for services (non-employees) Management	0			
b	Legal	2,399,781		2,399,781	
c	Accounting	275,986	10,745	264,370	871
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	272,482		272,482	
g	Other	1,960,750	1,273,429	584,171	103,150
12	Advertising and promotion	149,937	128,533	3,843	17,561
13	Office expenses	1,385,929	1,166,084	122,595	97,251
14	Information technology	0			
15	Royalties	0			
16	Occupancy	1,517,566	1,192,736	249,870	74,961
17	Travel	501,708	390,632	44,049	67,027
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	321,119		321,119	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,412,055	2,102,029	238,482	71,545
23	Insurance	688,630	466,410	216,205	6,015
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Education	2,019,434	1,998,129	17,994	3,311
b	Bad Debt Expense	495,324	495,324		
c	Dues & Subscriptions	815,807	702,359	85,580	27,868
d	Student Functions	543,420	441,773	61,991	39,656
e	Research	286,773	286,773		
f	All other expenses	1,176,655	795,458	185,179	196,018
25	Total functional expenses. Add lines 1 through 24f	40,661,416	30,508,960	8,298,829	1,853,630
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing					1	
	2	Savings and temporary cash investments				26,617,516	2	29,645,900
	3	Pledges and grants receivable, net				592,361	3	467,316
	4	Accounts receivable, net				679,531	4	11,605,627
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				42,089	8	36,956
	9	Prepaid expenses and deferred charges				1,008,111	9	917,775
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	72,025,218				
	b	Less: accumulated depreciation	10b	25,171,470	39,538,639	10c	46,853,748	
	11	Investments—publicly traded securities				48,397,798	11	58,856,514
	12	Investments—other securities. See Part IV, line 11				13,623,353	12	10,005,959
	13	Investments—program-related. See Part IV, line 11				2,319,050	13	2,495,960
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				3,377,927	15	2,294,998
	16	Total assets. Add lines 1 through 15 (must equal line 34)				136,196,375	16	163,180,753
Liabilities	17	Accounts payable and accrued expenses				5,919,503	17	4,551,877
	18	Grants payable					18	
	19	Deferred revenue				1,465,166	19	13,876,197
	20	Tax-exempt bond liabilities				7,055,000	20	6,855,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities. Complete Part X of Schedule D				2,824,765	25	2,865,268
	26	Total liabilities. Add lines 17 through 25				17,264,434	26	28,148,342
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				110,889,107	27	127,956,726
	28	Temporarily restricted net assets				3,382,045	28	2,186,798
	29	Permanently restricted net assets				4,660,789	29	4,888,887
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				118,931,941	33	135,032,411
	34	Total liabilities and net assets/fund balances				136,196,375	34	163,180,753

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	49,649,695
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,661,416
3	Revenue less expenses Subtract line 2 from line 1	3	8,988,279
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	118,931,941
5	Other changes in net assets or fund balances (explain in Schedule O)	5	7,112,191
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	135,032,411

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization Kansas City University of Medicine and Biosciences	Employer identification number 44-0545280
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:

Software Version:

EIN: 44-0545280

Name: Kansas City University of Medicine and Biosciences

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN D KAUFMAN BOARD TRUSTEE	1 0	X						0	0	0
DERON L CHERRY BOARD TRUSTEE	1 0	X						0	0	0
CHERYL K DILLARD BOARD TRUSTEE	1 0	X						0	0	0
PAUL W DYBEDAL DO BOARD TRUSTEE	1 0	X						0	0	0
TERRENCE P DUNN BOARD TRUSTEE/CHAIR	1 0	X		X				0	0	0
CARLA C DURYEE BOARD TRUSTEE	1 0	X						0	0	0
FREDERICK G FLYNN DO BOARD TRUSTEE	1 0	X						0	0	0
DARWIN J STRICKLAND DO BOARD TRUSTEE	1 0	X						0	0	0
HOWARD D WEAVER DO BOARD TRUSTEE/PRESIDENT/CEO	40 0	X		X				631,514	0	25,111
AVON COFFMAN II DO BOARD TRUSTEE	1 0	X						0	0	0
MEGAN C MCBRIDE DO BOARD TRUSTEE/VICE CHAIR	1 0	X		X				0	0	0
RONALD A SLEPITZA PHD BOARD TRUSTEE/SECRETARY	1 0	X		X				0	0	0
JOHN M PARRY BOARD TRUSTEE/TREASURER	1 0	X		X				0	0	0
WILLIAM B HALACOGLU DO BOARD TRUSTEE	1 0	X						0	0	0
JOHN P SMITH DO BOARD TRUSTEE	1 0	X						0	0	0
MARSHALL D WALKER DO BOARD TRUSTEE	1 0	X						0	0	0
BRUCE R WILLIAMS DO BOARD TRUSTEE	1 0	X						0	0	0
SHERIDAN Y WOOD BOARD TRUSTEE	1 0	X						0	0	0
MARY PAT WOHLFORD WESSELS EVP OF INST EFFECTIVENESS	40 0			X				403,101	0	25,072
DARIN L HAUG DO EVP OF ACADEMIC AFFAIRS/ DEAN	40 0			X				571,608	0	72,677
CONNIE J BOYD EXECUTIVE ADMIN ASSISTANT	40 0			X				194,448	0	12,074
BRIAN T REESE ASST PRES /ASST CORP SEC	40 0			X				91,779	0	21,188
LAURA E DOLLASE VP OF ADVANCEMENT	40 0			X				141,131	0	15,000
JOSEPH M MASSMAN CFO/COO	40 0			X				0	0	0
T NELSON MANN SEC/GEN COUNSEL-SEE SCHEDULE O	40 0			X				609,375	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRED CORNWELL INTERIM CFO	400			X				287,000	0	0
G MICHAEL JOHNSTON ASSISTANT PRO DEPART CHAIR	400					X		229,847	0	45,594
JOHN J DOUGHERTY DO ASSISTANT PRO DEPART CHAIR	400					X		312,755	0	46,536
VERGIL J GUILLORY VP FOR RESEARCH	400					X		414,569	0	24,982
KEVIN D TREFFER DO ASSOCIATE PROFESSOR	400					X		211,175	0	44,220
RICHARD MAGIE DO ASSISTANT PROFESSOR	400					X		193,183	0	21,666
HEIDI TERRY VP OF ENROL MNGT REGISTER	400						X	105,970	0	33,264
JAMES E PARK VP OF FINANCE & ADMIN	400						X	103,004	0	33,275
NATALIE C LUTZ EXEC DIR OF MKTG & UNIV PHY	400						X	107,661	0	40,518
DAWN M ROHRS AVP FOR HUMAN RESOURCES	400						X	118,752	0	29,450
BECKY TALKEN CHIEF INFORMATION OFFICER	400						X	140,939	0	32,824
LEANN CARLTON ASSIST DEAN STUDENT AFFAIRS	400						X	110,267	0	29,672
DENISE KAISER VP MARKETING & COMMUNICATION	400						X	111,503	0	8,784

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Kansas City University of Medicine and Biosciences

Employer identification number
44-0545280

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1▶ \$ _____

(ii) Assets included in Form 990, Part X▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1▶ \$ _____

b

Assets included in Form 990, Part X▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	6,917,754	6,707,764	5,646,082		
b Contributions	130,273	144,616	2,047,660		
c Investment earnings or losses	1,071,233	473,336	-833,509		
d Grants or scholarships	0	0	0		
e Other expenditures for facilities and programs	0	389,159	138,226		
f Administrative expenses	24,102	18,803	14,243		
g End of year balance	8,095,158	6,917,754	6,707,764		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 28 890 %

b

Permanent endowment ▶ 57 420 %

c

Term endowment ▶ 13 690 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	55,187	969,130		1,024,317
b Buildings		55,218,514	15,177,266	40,041,248
c Leasehold improvements				
d Equipment		10,966,620	8,037,298	2,929,322
e Other		4,815,767	1,956,906	2,858,861
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				46,853,748

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE ENDOWMENT FUND IS USED PRIMARILY FOR STUDENT SCHOLARSHIPS AND STUDENT LOANS
UNCERTAIN TAX POSITIONS DISCLOSURE	SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
Kansas City University of Medicine and
Biosciences

Employer identification number

44-0545280

Part I

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain If you need more space, use Part II

- 5 Does the organization discriminate by race in any way with respect to
- a Students' rights or privileges?

b Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain If you need more space, use Part II

6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

YES

NO

1

Yes

2

Yes

3

Yes

4a

Yes

4b

Yes

4c

Yes

4d

Yes

5a

No

5b

No

5c

No

5d

No

5e

No

5f

No

5g

No

5h

No

6a

Yes

6b

No

7

Yes

Part III **Supplemental Information**

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
RACIALLY NONDISCRIMATORY POLICY	SCHEDULE E, LINE 3	THE FOLLOWING LANGUAGE IS USED IN OUR UNIVERSITY CATALOG, ADMISSION MATERIAL, AND ON THE ADMISSIONS WEBSITE: KCUMB IS COMMITTED TO PROVIDING AN ACADEMIC AND EMPLOYMENT ENVIRONMENT IN WHICH STUDENTS AND EMPLOYEES ARE TREATED WITH COURTESY, RESPECT AND DIGNITY. IT IS THE POLICY OF THE UNIVERSITY THAT NO STUDENT SHALL, BECAUSE OF GENDER, RACE, COLOR, CREED, HANDICAP OR NATIONAL ORIGIN, BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFIT OF OR BE SUBJECT TO DISCRIMINATION IN ANY PROGRAM SPONSORED BY THE UNIVERSITY. INQUIRY REGARDING COMPLIANCE MUST BE DIRECTED TO THE EXECUTIVE VICE PRESIDENT FOR INSTITUTIONAL DEVELOPMENT, AND EXECUTIVE DEAN, GRADUATE STUDIES, WHO IS THE COORDINATOR OF THE UNIVERSITY'S NON-DISCRIMINATION PROGRAM.
GOVERNMENT AID OR ASSISTANCE	SCHEDULE E, LINE 6A	THE ORGANIZATION RECEIVES GOVERNMENT GRANTS TO FURTHER ITS EXEMPT PURPOSE.

1

(i) Method of valuation
(book, FMV, appraisal, other)

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Part V if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
ACTIVITIES PER REGION	SCHEDULE F, PART I, LINE 3	ACTIVITY #1 (A) CENTRAL AMERICA/CARIBBEAN (B) N/A (C) N/A (D) PASSIVE INVESTMENTS (E) N/A (F) \$10,005,959 NOTHING IS DISCLOSED UNDER COLUMNS B, C, AND E BECAUSE THE INSTRUCTIONS ONLY REQUIRE REPORTING FOR COLUMNS A, D, AND F THE PASSIVE INVESTMENT ACTIVITY REFERRED TO ABOVE IS THE HEDGE FUND INVESTMENT THAT IS DISCLOSED ON FORM 990, PART V, LINE 4B, ATTACHMENT 2, AND SCHEDULE D, PART VII ACTIVITY #2 THE UNIVERSITY SUPPORTS AND PARTNERS WITH DOCARE INTERNATIONAL, A MEDICAL OUTREACH ORGANIZATION, TO PROVIDE HEALTHCARE TO INDIGENT AND ISOLATED PEOPLE IN REMOTE AREAS AROUND THE WORLD IN DOING SO, THE UNIVERSITY PROVIDES FUNDING FOR FACULTY, STAFF, AND STUDENTS TO TRAVEL TO GUATEMALA, ONE OF DOCARE'S ESTABLISHED LOCATIONS THE UNIVERSITY ALSO FUNDS NECESSARY MEDICAL SUPPLIES FOR THE PROVISION OF CARE THE FACULTY, STAFF, AND STUDENTS PROVIDE HEALTHCARE AND EDUCATION TO THE IMPOVERISHED PEOPLE IN THIS AREA IN ADDITION, OUR STUDENTS BENEFIT FROM THE CLINICAL EDUCATION THEY RECEIVE DURING THIS MISSION TRIP THE UNIVERSITY ALSO PROVIDES EDUCATIONAL OPPORTUNITIES FOR THE INSTRUCTION OF ITS MEDICAL STUDENTS BY THE CLINICAL FACULTY AND PHYSICIANS LICENSED IN THE DOMINICAN REPUBLIC, TO PROVIDE HEALTH SCREENING FOR PATIENTS RESIDING IN AND AROUND GUERRA, DOMINICAN REPUBLIC THIS IS A COOPERATIVE EFFORT BETWEEN THE UNIVERSITY, THE MINISTRY OF HEALTH OF THE DOMINICAN REPUBLIC AND THE KANSAS CITY ROYALS BASEBALL ORGANIZATION

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Kansas City University of Medicine and Biosciences

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
44-0545280

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SCORE 1 FOR HEALTH 1750 INDEPENDENCE AVE KC, MO 64106	20-3773804	501(C)(3)	270,561				GENERAL OPERATIONS
(2) GREATER KC CHAMBER OF COMMERCE 30 W PERSHING ROAD KC, MO 64105	44-0196840	501(C)(6)	25,000				GENERAL OPERATIONS
(3) KANSAS CITY AREA DEV COUNCIL 1055 BROADWAY KC, MO 64105	43-1852671	501(C)(6)	7,500				GENERAL OPERATIONS
(4) FREEDOM FOUNDATION 1102 W 32ND STREET JOPLIN, MO 64804	43-1704371	501(C)(3)	10,000				GENERAL OPERATIONS
(5) STARLIGHT THEATER 4600 STARLIGHT RD KC, MO 64130	44-0552079	501(C)(3)	15,000				GENERAL OPERATIONS
(6) CENTER FOR PRACTICAL 1111 MAIN STREET KC, MO 64105	48-0985815	501(C)(3)	25,000				GENERAL OPERATIONS
(7) DERON CHERRY GOLF TOURNAMENT 1903 WOODLAND AVE KS, MO 64108	43-1683174	501(C)(3)	25,000				GENERAL OPERATIONS
(8) AMERICAN HEART ASSOCIATION 6800 W 93RD ST OVERLAND PARK, KS 66212	13-5613797	501(C)(3)	5,500				GENERAL OPERATIONS

2

Enter total number of section 501(c)(3) and government organizations

6

3

Enter total number of other organizations

2

Part IIIGrants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	136	1,230,691			

Part IVSupplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
MONITORING OF GRANTS	SCHEDULE I, PART I, LINE 2	Grants given to other organizations are to further education, healthcare and economic development in the areas surrounding the Organization. All grants are given to organizations with boards consisting of civic, philanthropic and business leaders who monitor the use of grants and ensure they're used for proper purposes. Scholarships to students are applied directly towards the students accounts to offset tuition costs to ensure that scholarships are used only for student educational purposes.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
Kansas City University of Medicine and Biosciences

Employer identification number
44-0545280

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPENSE REIMBURSEMENT	SCHEDULE J, PART I, LINE 1	DARIN L HAUG, D O RECEIVED HEALTH OR SOCIAL CLUB DUES WHICH WERE INCLUDED AS TAXABLE COMPENSATION ON HIS W-2
SEVERANCE PAYMENT RECEIVED	SCHEDULE J, PART I, LINE 4A	VERGIL J GUILLORY \$273,162
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B	DARIN L HAUG DO \$20,600
NON-FIXED PAYMENTS	SCHEDULE J, PART I, LINE 7	A component of incentive compensation was discretionary in nature. Certain bonus amounts were based in part on a qualitative, rather than quantitative, assessment of performance.

Software ID:
Software Version:
EIN: 44-0545280
Name: Kansas City University of Medicine and Biosciences

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MARY PAT WOHLFORD WESSELS	(i) (ii)	229,639 0	163,620 0	9,842 0	11,023 0	14,049 0	428,173 0	0 0
DARIN L HAUG DO	(i) (ii)	318,008 0	218,220 0	35,380 0	44,553 0	28,124 0	644,285 0	0 0
G MICHAEL JOHNSTON	(i) (ii)	226,255 0	0 0	3,592 0	21,647 0	23,947 0	275,441 0	0 0
JOHN J DOUGHERTY DO	(i) (ii)	310,949 0	0 0	1,806 0	23,650 0	22,886 0	359,291 0	0 0
HOWARD D WEAVER DO	(i) (ii)	624,495 0	0 0	7,019 0	1,635 0	23,476 0	656,625 0	0 0
VERGIL J GUILLORY	(i) (ii)	111,655 0	0 0	302,914 0	12,402 0	12,580 0	439,551 0	0 0
CONNIE J BOYD	(i) (ii)	96,016 0	97,829 0	603 0	9,741 0	2,333 0	206,522 0	0 0
KEVIN D TREFFER DO	(i) (ii)	209,893 0	0 0	1,282 0	20,311 0	23,909 0	255,395 0	0 0
LAURA E DOLLASE	(i) (ii)	140,518 0	0 0	613 0	2,884 0	12,116 0	156,131 0	0 0
HEIDI TERRY	(i) (ii)	105,693 0	0 0	277 0	10,813 0	22,451 0	139,234 0	0 0
JAMES E PARK	(i) (ii)	102,242 0	0 0	762 0	8,645 0	24,630 0	136,279 0	0 0
NATALIE C LUTZ	(i) (ii)	107,661 0	0 0	0 0	11,758 0	28,760 0	148,179 0	0 0
DAWN M ROHRS	(i) (ii)	118,557 0	0 0	195 0	12,423 0	17,027 0	148,202 0	0 0
RICHARD MAGIE DO	(i) (ii)	191,077 0	0 0	2,106 0	18,873 0	2,793 0	214,849 0	0 0
BECKY TALKEN	(i) (ii)	139,016 0	0 0	1,923 0	13,950 0	18,874 0	173,763 0	0 0
LEANN CARLTON	(i) (ii)	108,886 0	0 0	1,381 0	10,926 0	18,746 0	139,939 0	0 0
DENISE KAISER	(i) (ii)	52,527 0	0 0	58,976 0	5,276 0	3,508 0	120,287 0	0 0
T NELSON MANN	(i) (ii)	609,375 0	0 0	0 0	0 0	0 0	609,375 0	0 0
FRED CORNWELL	(i) (ii)	287,000 0	0 0	0 0	0 0	0 0	287,000 0	0 0

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2010

Open to Public Inspection

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization
Kansas City University of Medicine and Biosciences

Employer identification number
44-0545280

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
	(1) SEE SCHEDULE L PART V	SEE SCHEDULE L, PART V		

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE SCHEDULE O					

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
EXCESS BENEFIT TRANSACTIONS	SCHEDULE L, PART I, LINE 1	<p>General Form 990, Part IV, Line 25a is answered "yes" as more fully described below because of the possible Excess Benefit Transactions that carried into FYE 6/30/11 relating to compensation paid to Mary Pat Wohlford-Wessels using improper comparability data to set compensation Form 990, Part IV, Line 25b is answered "no" because while there were Excess Benefit Transactions reported in prior years, there is no new information to report on these actual and potential Excess Benefit Transactions Karen Pletz Excess Benefit Transactions On the FYE 6/30/09 and FYE 6/30/10 Form 990s the Organization reported certain Excess Benefit Transactions in detail relating to the Organization's President and CEO, Karen Pletz ("CEO"), as well as other executives of the Organization As to the CEO, the Excess Benefit Transactions reported included substantial false expense reports and several forms of excessive compensation A lawsuit was filed by the Organization on March 22, 2010 to recover these amounts Kansas City University of Medicine and Biosciences v Karen L Pletz ("Lawsuit") In addition to the Lawsuit, the Organization made a theft claim relating to the CEO activity with one of its insurance companies ("Insurance Company") In these returns the Organization indicated that it would report additional findings regarding the CEO's Excess Benefit Transactions in future Form 990s as the investigation continued after the filing of the Lawsuit There are no new findings since the FYE 6/30/10 Form 990 filings Further, the Lawsuit has taken a new direction due to the recent death of the CEO and the assignment of the Organization's claim against the CEO to the Insurance Company Thus, the Organization will no longer be pursuing the CEO or her successors or assigns for collection of the Excess Benefit Transaction amounts, although the proceedings continue with the Insurance Company and the CEO's successors It also was reported in the FYE 6/30/09 and FYE 6/30/10 Form 990s that as part of the overall investigation, the Organization was looking into whether any organizational managers knowingly approved the Excess Benefit Transaction No additional information was uncovered in this regard since the FYE 6/30/10 Form 990 filing The Organization will not be providing any additional information on these Excess Benefit Transactions in future Form 990s unless material developments occur Other Executives In addition to the Excess Benefit Transactions involving the CEO, certain information was disclosed on the FYE 6/30/09 and FYE 6/30/10 Form 990s regarding possible Excess Benefit Transactions relating to the improper comparability data used to set the compensation of Richard Hoffine ("COO"), Doug Dalzell ("Executive Dean"), Sandra K Willsie, D O , Executive Vice-President for Research Medical Affairs and Dean of the College of Osteopathic Medicine for FYE 6/30/05-6/30/09 ("Executive VP"), Darin L Haug, D O , Executive Vice President for Academic and Medical Affairs/Dean of College of Osteopathic Medicine for FYE 6/30/08-Present ("Dean"), Mary Pat Wohlford-Wessels, PhD , Executive Vice President for Research and Institutional Effectiveness for FYE 6/30/08-6/30/11 ("Executive V P Research") In addition, it was reported that certain incentive bonuses of these executives may have been inflated as a result of the CEO's manipulation of the financial results The only executive in this group who is still employed by the Organization as of this filing is the Dean Because of significant time and money devoted to the investigation of the CEO and the Excess Benefit Transactions in question, the fact that these executives (other than the Dean) are no longer employed, the uncertainty that an Excess Benefit Transaction occurred, the cost of further investigation and any resulting collection efforts, and the desire and need for the Organization to focus on its exempt educational activity and move on from the lengthy and costly investigation of the CEO and other executives, the Organization's business judgment is to not pursue further investigation of any Excess Benefit Transactions that may have occurred relating to the other executives at this time Further, as to the Dean, the Organization did engage a consultant to determine the fair market value of the Dean's compensation for FYE 6/30/12 using proper comparability data following the rebuttable presumption of reasonableness procedure The combined base salary and incentive compensation set for the Dean for FYE 6/30/12 using this proper data is reasonably close to the compensation paid to the Dean in prior years using improper data Thus, given this new information and for the other reasons stated above, the Organization has determined that it is in the best interest of the Organization to no longer pursue this matter at this time As to the Executive Dean's personal use of the Organization's assets as reported in prior Form 990s, there is nothing additional to report Further, given the substantial cost of pursuing this claim and for the other reasons stated above, the Organization will no longer pursue this matter at this time</p>

Schedule L (Form 990 or 990-EZ) 2010

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Kansas City University of Medicine and Biosciences

Employer identification number

44-0545280

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	KCUMB IS A COMMUNITY OF PROFESSIONALS COMMITTED TO EXCELLENCE IN THE EDUCATION OF HIGHLY QUALIFIED STUDENTS IN OSTEOPATHIC MEDICINE, THE BIOSCIENCES, BIOETHICS AND HEALTH PROFESSIONS THROUGH LIFE-LONG LEARNING, RESEARCH AND SERVICE, KCUMB CHALLENGES FACULTY, STAFF, STUDENTS AND ALUMNI TO IMPROVE THE WELL BEING OF THE DIVERSE COMMUNITY IT SERVES

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11A	IT IS THE POLICY OF THE ORGANIZATION TO HAVE ITS AUDIT COMMITTEE CONDUCT A REVIEW OF THE FORM 990 DURING ITS PREPARATION BY AN OUTSIDE ACCOUNTANT WITH THE ASSISTANCE OF THE ORGANIZATION'S GENERAL COUNSEL, OFFICERS AND STAFF THE FINAL VERSION OF THE FORM 990 IS PROVIDED TO ALL THE MEMBERS OF THE ORGANIZATION'S BOARD OF TRUSTEES BEFORE IT IS FILED WITH THE IRS FOR THE TAX YEAR BEING REPORTED, THE 990 WAS REVIEWED BY BOTH THE AUDIT COMMITTEE AND THE BOARD BEFORE IT WAS FILED WITH THE IRS AND A FINAL COPY WAS PROVIDED TO ALL BOARD MEMBERS BEFORE FILING

Identifier	Return Reference	Explanation
MONITORING OF CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION SENDS OUT A QUESTIONNAIRE TO TRUSTEES AND OFFICERS ON AN ANNUAL BASIS TO IDENTIFY POTENTIAL CONFLICTS THE AUDIT COMMITTEE IS CHARGED WITH THE RESPONSIBILITY TO ENSURE THAT THE QUESTIONNAIRES ARE DISTRIBUTED, REVIEWED AND MONITORED THE AUDIT COMMITTEE ALSO WILL ENSURE THAT THE ORGANIZATION COMPLIES WITH IT'S CONFLICTS OF INTEREST POLICY

Identifier	Return Reference	Explanation
COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, LINE 15A & 15B	THE ORGANIZATION COMPLIED WITH THE REBUTTABLE PRESUMPTION BECAUSE (1) THERE WAS AN INDEPENDENT COMMITTEE REVIEW OF COMPENSATION, (2) COMPARABILITY DATA FROM AN INDEPENDENT COMPENSATION CONSULTANT WAS OBTAINED AND REVIEWED BY THE COMMITTEE, AND (3) THE COMPENSATION DECISIONS WERE CONTEMPORANEOUSLY DOCUMENTED IN COMMITTEE MINUTES

Identifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS	FORM 990, PART VI, SECTION C, LINE 19	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST, AND ON ITS WEBSITE. PORTIONS OF THE FINANCIAL STATEMENTS CONTAIN CONFIDENTIAL INFORMATION WHICH IS NOT DISCLOSED, BUT THE INFORMATION FROM THE STATEMENTS REGARDING INCOME, EXPENSE, AND ASSETS AND LIABILITIES IS REFLECTED IN PARTS VIII, IX AND X OF THIS FORM 990

Identifier	Return Reference	Explanation
COMPENSATION OF OFFICERS	FORM 990, PART VII, SECTION A, LINE 26	THE COMPENSATION REPORTED FOR T NELSON MANN IS FOR SERVICES PERFORMED AS A GENERAL COUNSEL, NOT FOR SERVICES PERFORMED AS AN OFFICER

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENT \$ 7,178,044 STUDENT LOAN INTEREST (50,368) CHANGE IN STUDENT LOAN INTEREST (15,484) ----- \$ 7,112,192

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DERON L CHERRY TITLE BOARD TRUSTEE HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME HOWARD D WEAVER, DO TITLE BOARD TRUSTEE/PRESIDENT/CEO HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DARIN L HAUG DO TITLE EVP OF ACADEMIC AFFAIRS/ DEAN HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CONNIE J BOYD TITLE EXECUTIVE ADMIN ASSISTANT HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME T NELSON MANN TITLE SEC/GEN COUNSEL-SEE SCHEDULE O HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LEANN CARLTON TITLE ASSIST DEAN STUDENT AFFAIRS HOURS 3

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Kansas City University of Medicine and Biosciences

Employer identification number
44-0545280

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) INDEPENDENCE AVENUE DEV CO 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106 43-1848034	REAL ESTATE	MO	501(C)(3)	11A	NA		
(2) HEALTH POLICY INSTITUTE 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106 20-1138771	HEALTHCARE	MO	501(C)(4)	N/A	NA		
(3) DERON CHERRY CELEBRITY INVITATIONAL GOLF 1750 INDEPENDENT AVENUE KANSAS CITY, MO 64106 43-1683174	FUNDRAISING	MO	501(C)(3)	11A	NA		
(4) SCORE 1 FOR HEALTH 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106 20-3773804	HEALTHCARE	MO	501(C)(3)	7	NA		

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) MEN'S HEALTHLINK INC 1750 INDEPENDENCE AVENUE KANSAS CITY, MO64106 20-3070848	HEALTHCARE	MO	NA	C CORP	0	4,701	100 000 %
(2) THE DR LEONARD SMITH CRAT 1750 E INDEPENDENCE AVENUE KANSAS CITY, MO64106 43-6842045	INVESTMENTS	MO	NA	TRUST			100 000 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

Yes

No

Yes

Yes

Yes

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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